

CALIFORNIA COURTS SELF-HELP CENTER

www.courtinfo.ca.gov/selfhelp

Sample Referral for Assessment Letter

Date: _____

School (or school district if child not enrolled in school):

Dear School Official:

I am the parent of _____, born on _____, who I believe has learning problems requiring special education assistance. My child has/has not previously received special education services.

I am writing to make a referral for assessment for special education services for my child under both federal and state law. I understand that it is unlawful for the district to discriminate against my child because of his or her disability.

I understand that I should receive an assessment plan within 15 days as required by state law. After I receive the assessment plan and I agree to it in writing, I understand that an individualized education program (IEP) meeting will be held within 50 days (excepting school vacations).

In the event that my child does not qualify for special education services under the Individuals With Disabilities Education Act (IDEA), but is identified as eligible under section 504 of the Rehabilitation Act of 1973, appropriate accommodations in his or her educational program should be made.

If you have any questions, please feel free to contact me. Thank you for your cooperation with this process.

Sincerely,

Parent(s) Signature(s)

Parent(s) Name(s) (print):

Parent(s) Address:

Parent(s) Phone No.:

_____ (Home)

_____ (Work)